

FACILITY NAME: IAD981125743
LOCATION: E of LOUIS RICH FOODS
RCRA ID #: HWY 149 N, 2 mi N of town
SIGOURNEY-IA-52591

11/16/94

IMPACT OF FLOOD AND RAIN QUESTIONNAIRE
RCRA PROGRAM

1. Is this facility located within approximately 1/2 mile of a river, creek or stream? YES or NO? If YES, what is the name if known? _____

2. Are there any visual signs that the facility was affected by flood waters? YES or NO? If YES, describe: _____

3. Was the facility damaged by the flood water or rain? YES or NO? If YES, generally describe the damage. _____

IF THE ANSWER TO QUESTION #3 IS NO, STOP HERE.

4. Was there any damage to inventories, products or waste at the facility that would have caused the facility to generate hazardous waste? YES or NO?

5. Were there any release of hazardous material as a result of the flooding? YES or NO? If yes, describe: _____

6. If the answer to question #5 is YES, has remedial activity occurred to address the releases? YES or NO? If YES, describe: _____

7. Were there any circumstances (e.g. design criteria) or actions that the facility took that were useful in preventing potential releases or generation of hazardous materials? YES or NO? For the purpose of this question, we are looking for the "lessons learned" that may be useful in future guidance, etc. If YES, describe: _____



Last Revised: 1/25/91

Time to complete screening: 50 min.

RCRA SCREENING CHECKLIST

Inspector: Nathan Meyer Primary Media: _____

Date: 1/16/94 IAD981125743

Facility: _____ LOUIS RICH FOODS

Facility Address: E of HWY 149 2 mi N of town
SIGOURNEY-IA-52591

Phone (515) 622-3816

Contact/Title: Paul Hurst / Facility Manager

SIC #: _____ Process: process turkey, pork into edible products

Office Questions:-----

1) Facility description large facility for processing meats

2) Does facility have an EPA ID number? Yes X No # see above

3) What Chemical and/or Industrial Waste (CIW) streams are generated? (list: Name, Amount generated/month, Final disposition) (1) parts washing solvent. Safety-Kleen, 30 gallons

(2) silver nitrate no longer generate, was used to measure salt content, 10 lbs. currently on site, are planning to monitor

(3) used oil, picked up by Kwik-Lube Co. for recycling, 100 gallons

4) Does the facility classify any of their CIW's as hazardous waste (HW)? Yes X (please note which ones are classified as HW) No (1) and (2)

5) Does the facility conduct any of the following on-site activities: Treatment/Recycling/Burning/Open Dumping /Landfills/Surface Impoundments? Describe: NO

Field Observations:-----

6) Are CIW/HW stored on-site? Yes X No _____ Describe (material, approximate quantity, storage method): I observed 1 parts washer, 1 - 5 gallon bucket of silver nitrate containing about 10 lbs. silver nitrate and 1 - 55 gallon drum (full) of waste oil

7) Describe condition of storage containers/tanks (open, damaged, unlabeled, leaking, etc.): The parts washer was not damaged or leaking. The 5-gallon bucket was dented and unlabeled, hazardous waste. The 55-gallon drum of waste oil was

8) Are incompatible wastes stored together (acids, bases, solvents, cyanides)? Yes No Describe: _____

9) Are there any signs of past spills/releases (dead or stressed vegetation, ground discoloration, stains)? Yes No Describe: _____

10) Do any of the on-site Chemical and/or CIW/HW management practices concern you? Yes No Describe: _____

11) Recommendations and/or Additional Observations: I toured the facility and collected manifests.

LOUIS RICH FOODS
Sigourney, Iowa

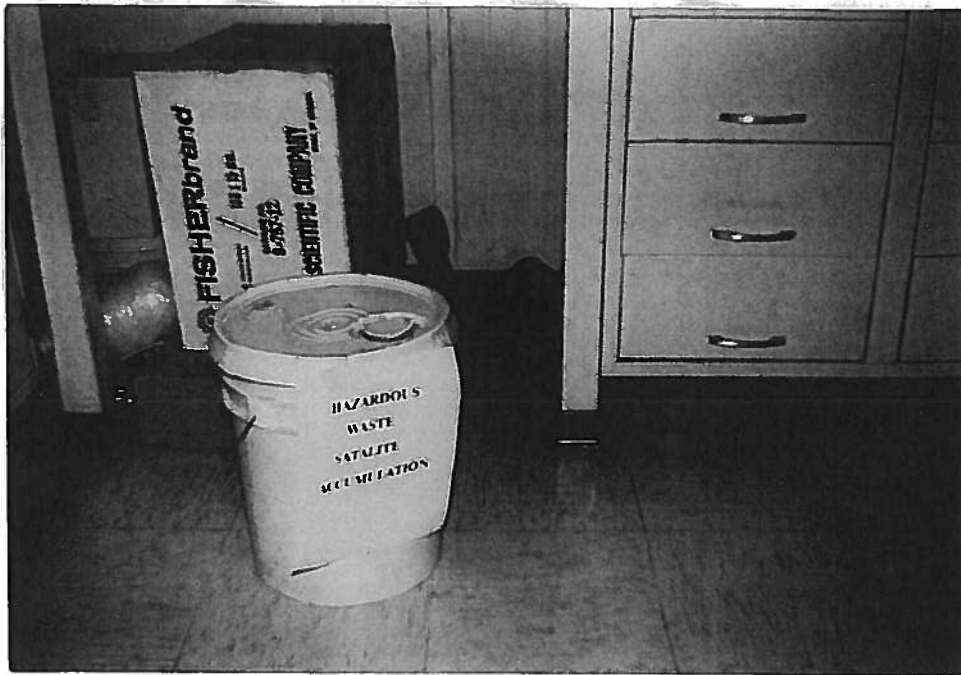


Photo No.: 1 Direction: Inside Photographer: Nathan Meyer
Date/Time: 11/16/94, 1030 Description: The photo shows a five-gallon bucket of waste silver nitrate.

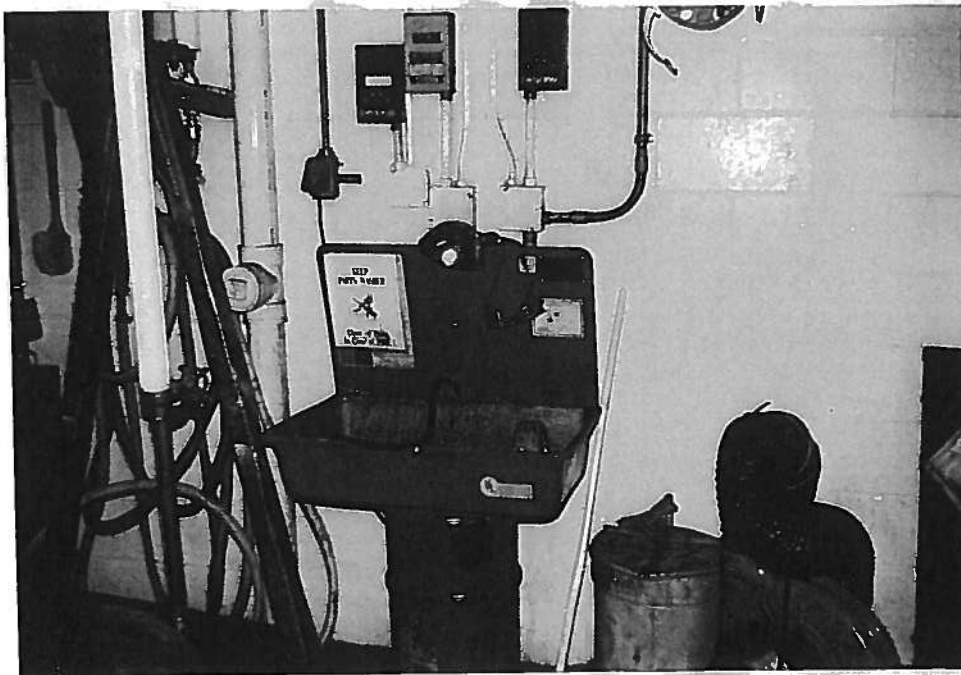


Photo No.: 2 Direction: Inside Photographer: Nathan Meyer
Date/Time: 11/16/94, 1035 Description: The photo shows a parts washer at the facility.

LOUIS RICH FOODS
Sigourney, Iowa

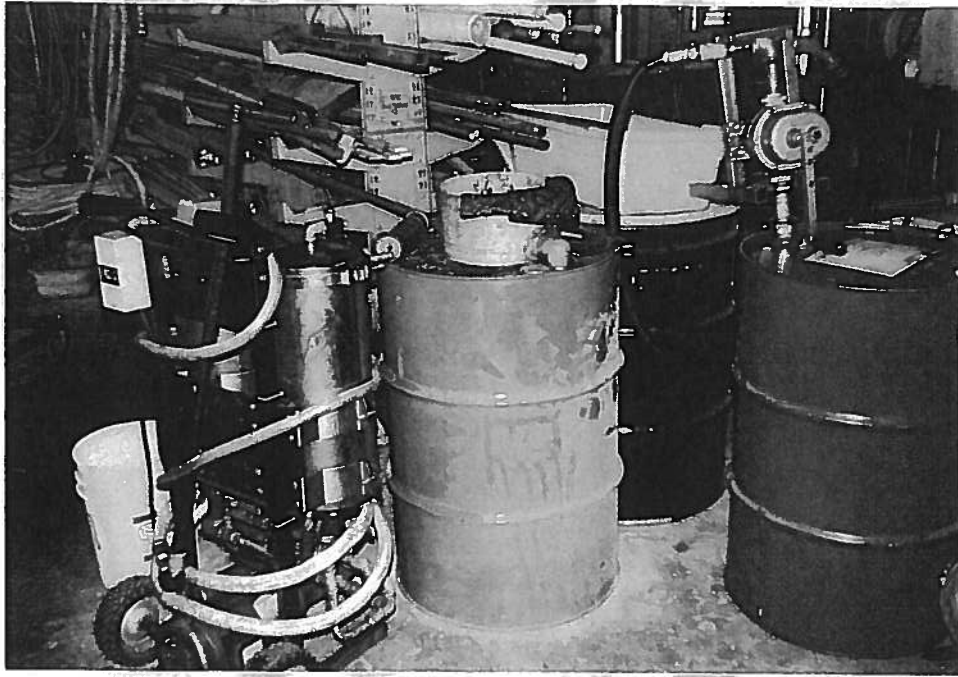


Photo No.: 3 Direction: Inside Photographer: Nathan Meyer
Date/Time: 11/16/94, 1040 Description: The photo shows a drum of used oil at the facility.

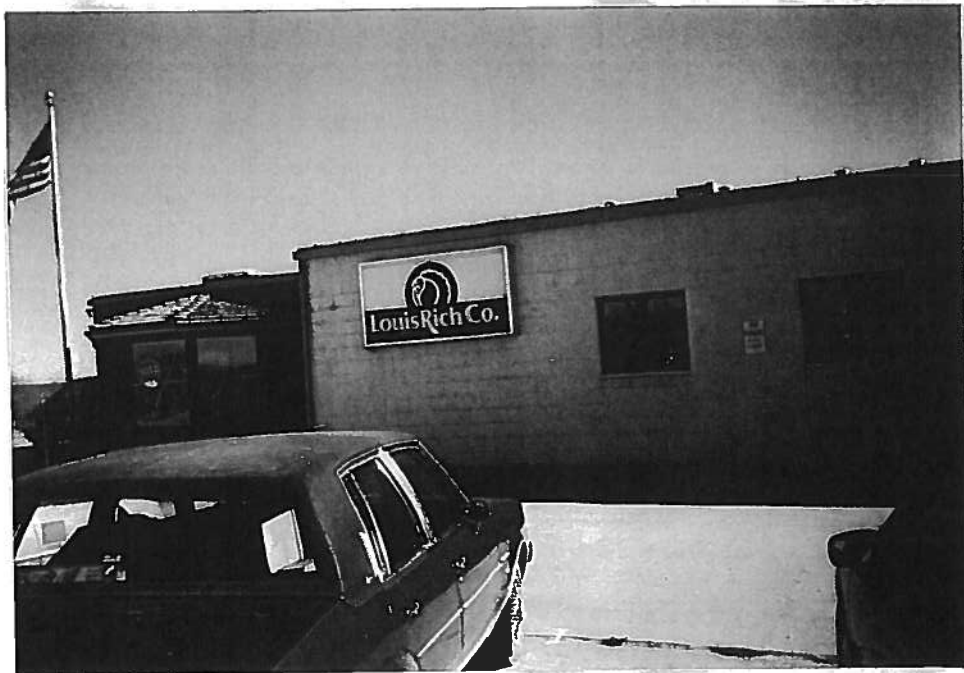


Photo No.: 4 Direction: Northeast Photographer: Nathan Meyer
Date/Time: 11/16/94, 1045 Description: The photo shows the front of the facility.

Please print or type. (Form designed for use on elite (pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires:

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD 981125743		Manifest Document No. 67170		2. Page 1 of 1		Information in the shaded area is not required by Federal law.	
3. Generator's Name and Mailing Address LOUIS RICH HWY 149 N SIGOURNEY IA 52591						A. State Manifest Document Number			
4. Generator's Phone (515) 622-3816						B. State Generator's ID			
5. Transporter 1 Company Name SAFETY-KLEEN CORP.				6. US EPA ID Number ILD 051060408		C. State Transporter's ID			
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 515 262-2949			
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 4704 NE 22ND DES MOINES IA 50317						E. State Transporter's ID			
10. US EPA ID Number 5-053-01						F. Transporter's Phone			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						G. State Facility's ID			
12. Containers						H. Facility's Phone 515 262-2949			
13. Total Quantity						I. Waste No.			
14. Unit Wt/Vol									
15. Special Handling Instructions and Additional Information IF UNDELIVERABLE, RETURN TO GENERATOR FOR RECYCLE EMERGENCY RESPONSE #708-888-4660 24HR. SKDOT# A: 501 B: C: D:									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
17. Transporter 1 Acknowledgement of Receipt of Materials									
18. Transporter 2 Acknowledgement of Receipt of Materials									
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									

Please print or type. (Form designed for use on elite (pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IA 981125743		Manifest Document No. 07985		2. Page 1 of 1		Information in the shaded area is not required by Federal law.					
3. Generator's Name and Mailing Address LOUIS RICH HWY 149 N SIGOURNEY IA 52591						A. State Manifest Document Number							
4. Generator's Phone (515) 622-3816						B. State Generator's ID							
5. Transporter 1 Company Name SAFETY-KLEEN CORP.			6. US EPA ID Number IL 051060408			C. State Transporter's ID							
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 515 262-2949							
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 4704 NE 22ND DES MOINES IA 50317						E. State Transporter's ID							
10. US EPA ID Number 5-053-01						F. Transporter's Phone							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. X WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (ERG#27)						No. 1 Type DM		8		6		D001 D039	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above I(A) D018						K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information 9317 53242392 907985 5-053-01-7031 21 IF UNDELIVERABLE, RETURN TO GENERATOR FOR RECYCLE EMERGENCY RESPONSE 808-888-4660 24HR. SKDOT# A: 501 B: C: D: 1-16													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name Kathy L. Brower						Signature Kathy L. Brower						Date Month Day Year 4 27 93	
17. Transporter 1 Acknowledgement of Receipt of Materials												Date Month Day Year 04 27 93	
Printed/Typed Name Clyde D. Ray						Signature Clyde D. Ray						Date Month Day Year 04 27 93	
18. Transporter 2 Acknowledgement of Receipt of Materials												Date Month Day Year	
Printed/Typed Name						Signature						Date Month Day Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name Lori Mally						Signature Lori Mally						Date Month Day Year 04 27 93	



SAFETY-KLEEN CORP.
STATE PRESCRIBED FORM

P.O. BOX 10276

SPRINGFIELD, ILLINOIS 62794-9276 (217) 782-6761

State Form LPC 62 8/81 IL532-06

FOR SHIPMENT OF
AND SPECIAL WASTE

5-053-01
NOTE: FORM DESIGNED TO PRINT 8 LINES PER INCH

EPA Form 8700-22 (6-89)

Form Approved. OMB No. 2050-0039 Exp.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD 981125743		Manifest Document No. 07986		2. Page 1 of 1		Information in the shaded area is not required by Federal law is required by Illinois law.									
3. Generator's Name and Mailing Address LOUIS RICH HWY 149 N SIGOURNEY						Location if Different: IA 52591				A. Illinois Manifest Document Number IL 5358597		MANIFEST FEE PAID					
4. *24 HOUR EMERGENCY AND SPILL ASSISTANCE NUMBERS* 515 622-3816						6. US EPA ID Number ILD 951048108		C. Illinois Transporter's ID 1123		D. 515) 262-2949 Transporter's Phone							
5. Transporter 1 Company Name SAFETY-KLEEN CORP.						8. US EPA ID Number 894008308		E. Illinois Transporter's ID		F. () Transporter's Phone							
7. Transporter 2 Company Name								G. Illinois Facility's ID 0310690006		H. Facility's Phone 708 849-4850							
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 633 E 138TH ST DOLTON, IL 60419						10. US EPA ID Number 0-006-54 ILD 980613913											
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		I. Waste No.					
a. RQ WASTE FLAMMABLE LIQUIDS, N.O.S. (OIL) 3 UN1993 PG III (D001)(ERG#27)						003 DM		00165		G		EPA HW Number XIXD10101 Authorization Number 0001161					
b.												EPA HW Number XX Authorization Number					
c.												EPA HW Number XX Authorization Number					
d.												EPA HW Number XX Authorization Number					
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above In Item #14 S01 S02 R05 G = Gallons Y = Cubic Yards S01/S02/T50											
15. Special Handling Instructions and Additional Information SAMPLE #96005, CONTROL #62084 EMERGENCY RESP#708-888-4660 24HR IF UNDELIVERABLE RETURN TO GENERATOR SKDOT# A: 3002 B: C: D:						0000 52026366 000000 5-053-01-7031 907986 647966											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations, and Illinois regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name FRANK VERA						Signature <i>Frank Vera</i>						Date 10/29/93					
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Clyde D. Ray						Signature <i>Clyde D. Ray</i>		Date 10/29/93			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name						Signature		Date			
19. Discrepancy Indication Space Corrected line 6 to IL0984908202																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						Printed/Typed Name LORI NASH								Signature <i>Lori Nash</i>		Date 10/29/93	

This Agency is authorized to require pursuant to Illinois Revised Statutes 1989, Chapter 111 1/2 Sections 1004 and 102, that this information be submitted to the Agency. Failure to provide the information may result in a civil penalty against the owner or operator not to exceed \$25,000 per day of violation. Falsification of this information may result in a fine up to \$50,000 per day of violation and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

COPY 1. TSD MAIL TO GENERATOR

Print or type. (Form designed for use on el. 2-pitch typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-3

**UNIFORM HAZARDOUS
WASTE MANIFEST**1. Generator's US EPA ID No.
IA 981125743Manifest Document No.
995572. Page 1
of 1Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

LOUIS RICH
WAY 145 N
SILVERDALE

IA 52051

4. Generator's Phone (515) 622-3516

5. Transporter 1 Company Name

SAFETY-KLEEN CORP.

6. US EPA ID Number

IL 584908202

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

SAFETY-KLEEN CORP.
4704 NE 23RD
DES MOINES

5-003-01

10. US EPA ID Number

IA 981718000

A. State Manifest Document Number

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone (515) 622-2944

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

HM

a. X WASTE CORROSIVE LIQUID, A.C.S.
(PETROLEUM NAPHTHA) NA1593 PG111(COOL)
(EMERG) 6.7 LBS./GAL

12. Containers

No.

Type

13. Total
Quantity14. Unit
Wt/Vol

Waste No.

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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IA0 931125743	Manifest Document No. 13197		2. Page 1 of 1	Information in the shaded is not required by Federal	
3. Generator's Name and Mailing Address LOUIS RICH HWY 149 N SIGOURVEY IA 52591					A. State Manifest Document Number		
4. Generator's Phone (515) 622-3816					B. State Generator's ID		
5. Transporter 1 Company Name SAFETY-KLEEN CORP.			6. US EPA ID Number IL0 984908202		C. State Transporter's ID		
7. Transporter 2 Company Name			8. US EPA ID Number		D. Transporter's Phone 515 262-2949		
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 4704 NE 22ND DES MOINES IA 50317			10. US EPA ID Number 5-053-01 IA0 981718000		E. State Transporter's ID		
					F. Transporter's Phone		
					G. State Facility's ID		
					H. Facility's Phone 515 262-2949		
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)					12. Containers	13. Total Quantity	14. Unit Wt/Vol
a. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (ERG #27) 6.7 LBS./GAL					No. 1	Type DM	8
b.							G
c.							
d.							
J. Additional Descriptions for Materials Listed Above I(A) D019					K. Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information 9344 60862281 118197 5-053-01-7031 21 IF UNDELIVERABLE, RETURN TO GENERATOR FOR RECYCLE EMERGENCY RESPONSE #708-889-4660 24HR. SKDOT# A: 501 B: C: D:							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name Kathy Brower					Signature Kathy Brower		Date 11/05/93
17. Transporter 1 Acknowledgement of Receipt of Materials					Printed/Typed Name Clyde D. Ray		Date 11/05/93
18. Transporter 2 Acknowledgement of Receipt of Materials					Signature Clyde D. Ray		Date 11/05/93
19. Discrepancy Indication Space					Printed/Typed Name Lori Mally		Date 11/05/93
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name Lori Mally					Signature Lori Mally		Date 11/05/93

RCRIS HANDLER INFORMATION

This form completed on 11/16/94 (date) by Nathan Meyer (name of person completing form)
PRL EMI (name of person's employer), TES BEPA Contractor.

Instructions for completing form: Completion of all items in BOLDFACE is REQUIRED; completion of other items is optional, subject to the availability of the information.

EPA RCRA ID NUMBER: IA IAD981125743

LOUIS RICH FOODS

1. NAME OF INSTALLATION HWY 149 N 2 mi N of town
E of SIGOURNEY-IA-52591

2. LOCATION OF INSTALLATION (PHYSICAL ADDRESS, NOT PO BOX OR RURAL ROUTE NUMBER; ADDRESS MUST BE SPECIFIC; IF NECESSARY, INCLUDE DIRECTIONS ON HOW TO FIND THE INSTALLATION)

- EXAMPLES OF UNACCEPTABLE INSTALLATION ADDRESSES ARE: "Box 47," "RR #3," "Curtis Ave," "Hwy 49 West"

- EXAMPLES OF ACCEPTABLE ADDRESSES ARE: "123 Main St," "1 mile west of Hwy 6 on County Road EE," "J 12," "NW corner of Jackson and Jefferson Streets"

STREET ADDRESS: same as 1, about 2 miles north of Sigourney on east side of Hwy 149

CITY/ZIP CODE: _____, IA _____

3. INSTALLATION MAILING ADDRESS (IF SAME AS LOCATION ADDRESS, WRITE "SAME"):

STREET ADDRESS: P.O. Box 247

CITY/ZIP CODE: Sigourney, IA 52591

4. INSTALLATION CONTACT PERSON:

Name: Paul Hurst

Title: Facility manager

Telephone Number: Area Code (515) 622-3516

Street Address: same as 2

City/Zip Code: _____, IA _____

5. OWNERSHIP INFORMATION:

Name of Installation's Legal Owner: OSCA Meyer / Louis Rich Foods

Street Address: same as 2

City/Zip Code: _____, IA _____

Telephone Number: Area Code (515) 622 3516

6. RCRA REGULATED ACTIVITY APPARENTLY BEING CONDUCTED AT SITE (CHECK ALL THAT APPLY)

☒ Hazardous waste generation ☐ Hazardous waste transportation

☐ Conditionally exempt small quantity generator

☐ Transports waste for self only

☒ Small quantity generator

☐ Transports waste for hire

☐ Large quantity generator

☐ Other: (specify) _____

RCRIS data entered

BY

ON

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

Facility Name <i>Louis Rich Foods</i>	
Facility Address <i>Hwy 149 N Sigourney, IA</i>	
Inspector (print) <i>Nathan Meyer, PRC</i>	Title <i>Environmental Scientist</i>
U.S. EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	Date <i>11/16/91</i>

It is possible that the United States Environmental Protection Agency (EPA) will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. EPA is required to make inspection data available in response to FOIA requests, unless the Agency determines that the data contains information entitled to confidential treatment.

Any or all of the information collected by EPA during the inspection may be claimed confidential, if it relates to trade secrets or commercial or financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by the means of the procedures set forth in the regulations (cited above) governing EPA's treatment of confidential information.

To claim information confidential, you must certify that each claimed item meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within fifteen (15) calendar days of the claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). This statement should be mailed by registered, return-receipt requested mail to the Inspector at the address listed above. Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

At the completion of the inspection, you will be given a receipt for all materials collected. At that time you may make claims that some or all of the information is confidential and meets the criteria listed above.

Q

(

~~Paul Hunt~~

Title _____

This statement from the authorized representative should be mailed by registered, return-receipt requested mail within fifteen (15) calendar days of receipt of the Confidentiality Notice to the Inspector at the address listed on page 1.

I have received and read this Notice.

(rev:1/20/93)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REQUEST FOR CONFIDENTIAL TREATMENT

Facility Name	Louis Rich Foods
Facility Address	Hwy 149 N Sigourney, IA

Information for which confidential treatment is requested:

- Louis Rich Foods would like to maintain all checklists and photographs taken during the inspection as confidential.

Acknowledgement of Claimant

The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. The undersigned further acknowledges that they are authorized to make such claims for their firm.

The undersigned also certifies that each claimed item described above meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing of special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within 15 days of your claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

Authorized Representative (print)	Signature/Date
Paul Hurst	Paul Hurst 11/14/94
No confidential treatment claimed during the inspection: _____ (Facility Representative's initials)	
Inspector (print)	Signature/Date
Nathan Meyer, PRC	Nathan Meyer 11/16/94
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RECEIPT FOR DOCUMENTS AND SAMPLES

Facility Name	<i>Leans Rich Foods</i>
Facility Address	<i>Hwy 149N Sigourney, IA</i>

Documents Collected? YES ☒ (list below) NO ☐

Samples Collected? YES ☐ (list below) NO ☒ Split Samples: YES ☐ NO ☐

Documents/Samples were: 1) Received no charge ☐ 2) Borrowed ☐ 3) Purchased ☐

Amount Paid: \$ Method: Cash ☐ Voucher ☐ To Be Billed ☐

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

*- photocopies of 5 manifests
for parts washing solvent
from 1993*

Facility Representative (print)	Signature/Date
<i>Paul Hurst</i>	<i>Paul Hurst 11/16/94</i>
Inspector (print)	Signature/Date
<i>Alvin Meyer, PRC</i>	<i>Alvin Meyer 11/16/94</i>
U.S. EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	